POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			7-17-01

09/857209

BEST AVAILABLE COPY

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date									
Final	Original	6/2 /10	13/04 /13	14/20 /62	4/29 /23	9/21 /03					
1	1	✔	✔	=	✔						
2	2	✔	✔	=	✔	✔					
3	3	✔	✔	=	✔						
4	4	✔	✔	=	✔						
5	5	✔	✔	=	✔						
6	6	✔	✔	=	✔	✔					
7	7	✔	✔	=	✔	✔					
8	8	✔	✔	=	✔	✔					
9	9	✔	✔	=	✔	✔					
10	10	✔									
11	11	=	=	✔	✔						
12	12										
13	13				✔						
14	14				✔						
15	15				✔						
16	16				✔						
17	17				✔						
18	18				✔						
19	19				N						
20	20				N						
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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